

ENVELOPE
POSTMARK DATE AUG 02 2000

Form **8871**
(July 2000)

**Political Organization
Notice of Section 527 Status**

OMB No. 1545-1693

Department of the Treasury
Internal Revenue Service

Part I General Information

1 Name of organization <u>Tiger - West</u>		Employer identification number <u>59 3659726</u>
2 Mailing address (P.O. Box or number, street, and room or suite number) <u>118 North Monroe Street</u>		
City or town, state, and ZIP code <u>Tallahassee, FL 32399-1700</u>		
3 E-mail address of organization		
4a Name of custodian of records <u>Robert F. Lee</u>	4b Custodian's address <u>118 North Monroe Street</u> <u>Tallahassee, FL 32399-1700</u>	
5a Name of contact person <u>Kevin W. Watson</u>	5b Contact person's address <u>118 North Monroe Street</u> <u>Tallahassee, FL 32399-1700</u>	
6 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number City or town, state, and ZIP code		

Part II Purpose

7 Describe the purpose of the organization
Policial Action Committee (established under Florida law as a
Committee of Continuous Existence)

Part III List of All Related Entities (see instructions)

8a Name of related entity	8b Relationship	8c Address
Florida Education Association	Sponsor	<u>118 North Monroe Street</u> <u>Tallahassee, FL 32399-1700</u>

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Part IV List of All Officers, Directors, and Highly Compensated Employees (see instructions)

9a Name

9b	Title
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Bc Address

Maureen Dinnen

President

118 North Monroe Street
Tallahassee, FL 32399-1700

Robert F. Lee

Secretary-
Treasurer

118 North Monroe Street
Tallahassee, FL 32399-1700

Rita Moody

Vice Pres.

118 North Monroe Street
Tallahassee, FL 32399-1700

Mary Lopez

Vice Pres.

118 North Monroe Street
Tallahassee, FL 32399-1700

Under penalties of perjury, I declare that the organization named in Part I is to be treated as an organization described in section 527 of the Internal Revenue Code, and that I have examined this notice, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

**Sign
Here**

Signature of authorized official

Date _____



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